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22852 FINNEGAN, F LLP 901 NEW YORI	IENDERSON, FA	ARABOW, GARR			. C. M			
WASHINGTON	I, DC 20001-4413			(Depositor's name)				
						(Signature)		
						(Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.		
10/648,269	08/27/2003	······································	Masato Jimbo		04208.0187	5208		
	N: NONWOVEN FAE	•	MEMBER, METHOD A	ND APPARATUS FOR	PRODUCING NON	NWOVEN		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$0	\$0		\$0	07/11/2006		
EXAMINER		ART UNIT	CLASS-SUBCLASS					
YAO, SAMC	YAO, SAMCHUAN CUA 1733		156-062400					
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
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MATTY CO., LT lease check the appropr		r categories (will not be p	rinted on the patent):	Individual Corporat	ion or other private gr	oup entity Government		
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a. Applicant claim	tus (from status indicate as SMALL ENTITY stat	us. See 37 CFR 1.27.	☐ b. Applicant is no long					
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Authorized Signature			Date					
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75	90 01/24/2005			have its own certificate	e of mailing or transmission.			
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Washington, DC 2	0005-3315			(Depositor's name)				
						(Signature)		
						(Date)		
APPLICATION NO.	FILING DATE	I	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/648,269	08/27/2003		Masato Jimbo		04208.0187	5208		
	NONWOVEN FABRIC, F ELECTROLUMINESCENC		MEMBER, METHO	D AND APPARATU	S FOR PRODUCING NO	JWOVEN		
APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1400		\$300	\$1700	04/25/2005		
EXAM	EXAMINER		т с	LASS-SUBCLASS				
YAO, SAMCHUAN CUA		1733		156-062400				
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Change of correspond Address form PTO/SB/13	dence address (or Change of 22) attached.	Соггезропфенсе	or agents OR, alte	matively,	2			
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	tion (or "Fee Address" Indica or more recent) attached. Use	tion form of a Customer	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
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Please check the appropriate	assignee category or catego	ries (will not be pri	nted on the patent):	Individual C	orporation or other private gr	oup entity Government		
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	(from status indicated above	,				TED 1.07(.)(0)		
• •	MALL ENTITY status. See				LL ENTITY status. See 37 C			
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